



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 11, 2007

Mariana Leahu, Administrator
Phillippi House
703 South Phillippi Street
Boise, ID 83705

License #: RC-267

Dear Ms. Rolea:

On August 9, 2007, a Fire Life Safety Survey was conducted at Phillippi House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

EM/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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August 14, 2007

Mariana Rolea, Administrator
Phillippi House
703 South Phillippi Street
Boise, ID 83705

Dear Ms. Rolea:

On August 9, 2007, a Fire Life Safety Survey was conducted at Phillippi House. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by September 8, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Grimes", with a long, sweeping horizontal line extending to the right.

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R267	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2007
NAME OF PROVIDER OR SUPPLIER PHILLIPPI HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 703 S PHILLIPPI ST BOISE, ID 83705		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on August 9, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety & Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

OPYV21

If continuation sheet 1 of 1



Facility Name Phillipi House	Physical Address 703 South Phillipi	Phone Number 342 0739
Administrator Mariana Rolca	City Boise	ZIP Code 83705
Survey Team Leader Eric munn sell	Survey Type Fire/Life Safety	Survey Date 8/9/07

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	BFS USE
1	250.13F	<u>Bldg. Construction: Recedent Sleeping Rooms:</u> The central south sleeping room had been altered (remodeled) to include a sliding accordion door that was completely blocking access to the complying window at the front of the building. The window sill height was measured at 53 inches.	9/5/07	
2	405.02	<u>Fire Alarm Smoke Detection:</u> All sleeping rooms were not covered by system smoke detectors (i.e. front sleeping room southeast corner). Room was closed off by sliding accordion door that was recently installed.	9/5/07	
3	750.03	<u>Heating Inspection Documentation:</u> The furnace inspection form did not show that the fireplace had been inspected as well as the 2nd furnace.	1/25/07	
4	750.05a	<u>Fire Alarm Testing:</u> Annual inspection test results were not kept on file.		

Response Required Date September 8, 2007	Signature of Facility Representative X Mariana Rolca	Date Signed
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